09/19/2008 10:58

Image# 28992167181

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An	Authorized Committe	e	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAR OR TYPE OR PRINT	Example:If typing, over the lines	type	
Americas Health Insurance	e Plans PAC (AHIP PAC)			
ADDRESS (number and street)	601 Pennsylvania Ave	enue NW		
Check if different	Suite 500 South Build	ling		
than previously reported. (ACC)	Washington		DC	20004
2. FEC IDENTIFICATION NU	JMBER ¥	CITY A	STATE ▲	ZIPCODE 🛕
C00106740		3. IS THIS X N (N		MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:			un 20 (Mo)	Year Only)
April 15 Quarterly Report	(O1)	Apr 20 (M4) J	ul 20 (M7) Oct	20 (M10) Jan 31 (YE)
July 15 Quarterly Report	(c) 12-Day	Primary (12P) on	General	(12G) Runoff (12R)
October 15 Quarterly Report	Report for to (Q3)	he: Convention (1	2C) Special (12G)
January 31 Quarterly Report	(YE) <u>E</u>	Election on		in the State of
July 31 Mid-Year Report(Non-elec Year Only) (MY)	tion (d) 30-Day Post -Elect Report for t	,) Runoff (3	Special (30S)
Termination Rep (TER)		Election on		in the State of
5. Covering Period	08 01 200	8 through	08 31	2008
I certify that I have examined thi	Dalami Dami bandi	my knowledge and belief it is t	rue, correct and complete.	
Type or Print Name of Treasure	- Nobert Berenardt			
Signature of Treasurer Elect	ronically Filed by Robert E	Borchardt	Date 0 9	19 2008
NOTE : Submission of false, er	roneous, or incomplete infor	mation may subject the perso	n signing this Report to the	e penalties of 2 U.S.C 437g.
Office Use				FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) D D " D 0.8 0 1 2008 8.0 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 167489.76 2008 January 1 (b) Cash on Hand at 150600.03 Begining of Reporting Period 12887.94 193878.37 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 163487.97 361368.13 6(a) and 6(c) for Column B) 24157.43 222037.59 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 139330.54 139330.54 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

0 1 3^D1 м м 8 0 2008 м м 8 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 101583.96 9725.66 (i) Itemized (use Schedule A) 617.06 9362.59 (ii) Unitemized (iii) TOTAL (add 10342.72 110946.55 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 2500.00 82000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 12842.72 192946.55 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 45.22 931.82 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 12887.94 193878.37 12, 13, 14, 15, 16, 17, and 18(c))

12887.94

193878.37

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees

(such as PACs)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 257.43 1137.59 257.43 1137.59 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 23000.00 219500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) 900.00 1400.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 24157.43 222037.59

24157.43

222037.59

FE6	SAN026	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	12842.72	192946.55
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12842.72	192946.55
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	257.43	1137.59
37.	Offsets to Operating Expenditures (from Line 15, page 3)	45.22	931.82
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	212.21	205.77

FE6AN026

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	D)	
Α.	Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Aver	NI W		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			08 15 2008
	City	State	Zip Code	Transaction ID: 140814-1
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation VP Mem	on ber Services and Profession	al De
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		08 / 29 / 2008
	City	State DC	Zip Code	Transaction ID: 260826-1
	Washington FEC ID number of contributing	C	20004	Amount of Each Receipt this Period 62.50
	federal political committee.			
	Name of Employer America's Health Insurance Plans	Occupation VP Mem	on ber Services and Profession	al De
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			08 15 2008
	City	State	Zip Code	Transaction ID: 140814-2
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.33
	Name of Employer America's Health Insurance Plans		e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 33333.28	
	SUBTOTAL of Receipts This Page (optional)		.	333.33
f	TOTAL This Period (last page this line number of			

A.

В.

C.

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 / 39		
` `	Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12		
	Detailed Guillinary Lage	13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAG	C (AHIP PAC)			
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt		
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 / 29 / Y Y Y Y Y		
City	State Zip Code	Transaction ID: 260826-2		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General Other (specify) ▼	3333.28			
Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt		
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 15 7 2008		
City	State Zip Code	Transaction ID: 140814-3		
Washington	DC 00004	Amount of Each Receipt this Period		
vasinigion	DC 20004	Amount of Lach Receipt this Feriod		
FEC ID number of contributing federal political committee.	C 20004	41.67		
FEC ID number of contributing		41.67		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	Occupation	41.67		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Ope	41.67		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date ▼	41.67		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date 450.01	41.67		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date 450.01	Date of Receipt		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date 450.01	Date of Receipt M M		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date 450.01 Assume N.W. State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date A50.01 A50.01 A50.01 C C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date A50.01 A50.01 Cnue N.W. ling State Zip Code DC 20004 C Occupation Senior Vice President Finance & Ope	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date Aggregate Year-to-Date 450.01 Aggregate Zip Code DC 20004 C Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For:	Occupation Senior Vice President Finance & Ope Aggregate Year-to-Date A50.01 A50.01 Cnue N.W. ling State Zip Code DC 20004 C Occupation Senior Vice President Finance & Ope	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any person the name and address of any political committee to see PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	AO (AIIII 1 AO)	
Dianne Bricker Mailing Address 601 Pennsylvania A		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Bu	State Zip Code	Transaction ID: 140814-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania A	Avenue N W	Date of Receipt
Suite 500, South Bu		08 29 2008
City	State Zip Code	Transaction ID: 260826-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date 666.72	
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		0 8 1 5 2 0 0 8
City Washington	State Zip Code DC 20004	Transaction ID: 140814-6 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	l)	208.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any or f	y information copied from such Reports and or commercial purposes, other than using t	Statements may not be name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)		
	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		08 / 29 / 2008
	City Washington	State DC	Zip Code 20004	Transaction ID: 260826-6 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	125.00
	Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director Poli Aggregate Yea		
	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui			08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 140814-8
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation Executive Di	rector Product Policy	
	Plans Receipt For:	Aggregate Yea	•	
	Primary General Other (specify) ▼	A sign of the sign	875.00	
	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 260826-8
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
	Name of Employer America's Healfh Insurance Plans	Occupation Executive Di	rector Product Policy	
	Receipt For:	Aggregate Yea	ar-to-Date ▼	_
	Primary General Other (specify) ▼		875.00	
	JBTOTAL of Receipts This Page (optional)			250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 15 2008
City	State Zip Code	Transaction ID: 140814-9
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Gra	phics
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.28	
Full Name (Last, First, Middle Initial) Yvonne Chanatry	1	Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		08 29 7 2008
City	State Zip Code	Transaction ID: 260826-9
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Gra	phics
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.28	
Full Name (Last, First, Middle Initial) Gregory Dean	I	Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	enue N.W. ding	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 140814-12
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50
Name of Employer America's Health Insurance Plans	Occupation Ex Dir of AHIPs Learning & Resou	rce C e
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		229.16

Any inform	DULE A (FEC Form 3X) ZED RECEIPTS mation copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER: PAGE 11 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for con	nmercial purposes, other than using the r OF COMMITTEE (In Full) ricas Health Insurance Plans PAC	name and add	dress of any political committee to	solicit contributions from such committee.
Full Na Gregor Mailing City Wasl FEC II federa Name Ameri Plans Receip	ame (Last, First, Middle Initial) ry Dean g Address 601 Pennsylvania Aveni Suite 500, South Buildin nington D number of contributing I political committee. of Employer ca's Health Insurance	ue N.W. ng State DC C Occupation Ex Dir of	Zip Code 20004 10 AHIPs Learning & Resource 19 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N. Jill Dor Mailing City Wasl FEC II federa Name Ameri Plans Receip	Other (specify) ame (Last, First, Middle Initial) yell g Address 601 Pennsylvania Avens Suite 500, South Buildin nington D number of contributing I political committee. of Employer ca's Health Insurance	State DC C Occupation VP, Fede	Zip Code 20004 Peral Affairs Year-to-Date 1395.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Jill Do Mailing City Wasl FEC II federa Name Ameri Plans Receip	Address 601 Pennsylvania Aveni Suite 500, South Buildin nington D number of contributing I political committee. of Employer ca's Health Insurance	State DC C Occupation VP, Fede	Zip Code 20004 or al Affairs Year-to-Date ▼ 1395.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional)			270.50

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Zip Code 20004	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	++	n ice President, State Affairs e Year-to-Date •	125.00
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupatio Senior Vi	Zip Code 20004 n ice President, State Affairs e Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mickey Herbert Mailing Address 175 Scott Swamp Roa PO Box 4050 City Farmington FEC ID number of contributing federal political committee. Name of Employer ConnectiCare, Inc. Receipt For: Primary General Other (specify)	State CT C Occupation Presiden		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 39 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 15 7 2008
City	State	Zip Code	Transaction ID: 140814-19
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer	Occupation	n	
America's Health Insurance Plans	Senior As	ssociate Counsel, Special Pr	·oj
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		333.28	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 / 29 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 260826-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	roj
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 29 7 2008
City	State	Zip Code	Transaction ID: 260826-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	249.99	
			124.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 39 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		·//	
Scott Keefer Mailing Address 601 Pennsylvania A Suite 500, South B			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 140814-23 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	n of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			08 / 29 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 260826-24
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director (n of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Barbara Lardy	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			08 15 7 9 9 9
City Washington	State DC	Zip Code 20004	Transaction ID: 140814-25
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans		ce President, Clinical Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional	al)		125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	()	
. ∠ \.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	08 / 29 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 260826-26
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Clinical Affair	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	666.72]
_	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	08 / 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 140814-26
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Director,	n Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		333.28	
	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 260826-27
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Director,	n Operations and Claims	7
	Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	333.28	
Γ.	SURTOTAL of Receipts This Page (actions)			83.33
ŀ	SUBTOTAL of Receipts This Page (optional)		······	
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC)		
۵.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	08 15 2008		
	City Washington	State DC	Zip Code 20004	Transaction ID: 140814-27 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼		ter for Health Policy & Rese Year-to-Date ▼ 2000.00	ear
_ 3.	Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave			Date of Receipt
	Suite 500, South Build	0 8 2 9 2 0 0 8 Transaction ID: 260826-28		
	Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			125.00
	Name of Employer America's Health Insurance Plans	Occupation SVP, Cen	ter for Health Policy & Rese	 ear
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
_).	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			08 / 15 / Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 140814-28 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20004	41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		rect, Public Affairs Year-to-Date ▼ 281.25	1
	SUBTOTAL of Receipts This Page (optional)			291.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any Information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	d Statements may not be sold or used by any person the name and address of any political committee to the NAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Av	venue N.W.	Date of Receipt
Suite 500, South Bui	ilding	08 29 2008
City Washington	State Zip Code DC 20004	Transaction ID: 260826-29
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director, Public Affairs Aggregate Year-to-Date 281.25	
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Av		Date of Receipt
Suite 500, South Bui	Ilding State Zip Code	08 15 2008
Washington	DC 20004	Transaction ID: 140814-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director of Human Resources Aggregate Year-to-Date 240.00	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui		08 29 2008
City	State Zip Code	Transaction ID: 260826-32
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	71.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
_	Full Name (Last, First, Middle Initial)	- (AIIII 1 AO)	T
۹.	Thomas Meyers Mailing Address 601 Pennsylvania Ave Suite 500. South Build	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 140814-35
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
- 3.	Full Name (Last, First, Middle Initial) Thomas Meyers	Date of Receipt		
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	08 29 7 2008		
	City	State	Zip Code	Transaction ID: 260826-36
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance Plans		e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]
-).	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 140814-37 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Av Suite 500, South Bui City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼		n ssociate Counsel e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Av Suite 500, South Bui	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 140814-39
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance			20.83
			7
Plans		Product Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		333.28	
Full Name (Last, First, Middle Initial) Martin Mitchell	1		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	7: 0.1	08 29 2008
City Washington	State DC	Zip Code	Transaction ID: 260826-40
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		333.28	
SUBTOTAL of Receipts This Page (optional)			66.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 39 (check only one) X			
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Americas Health Insurance Plans	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Betsy Pelovitz					
	•				
City	State Zip Code	0 8 1 5 2 0 0 8 Transaction ID: 140814-40			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Director				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.49				
Full Name (Last, First, Middle Initial) Betsy Pelovitz	I	Date of Receipt			
Mailing Address 601 Pennsylvania	•				
City	State Zip Code	Transaction ID: 260826-41			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Director				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1062.49				
Full Name (Last, First, Middle Initial) Susan Pisano	I	Date of Receipt			
Mailing Address 601 Pennsylvania Suite 500, South I		0 8 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Washington	State Zip Code DC 20004	Transaction ID: 140814-41 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	116.16			
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communicat	ign			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1858.56				
SUBTOTAL of Receipts This Page (optio	nal)	282.82			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are comparable turned at the unique	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions				
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			solicit contributions from such committee.				
Americas Health Insurance Plans F	PAC (AHIP PAC	()					
Full Name (Last, First, Middle Initial) Susan Pisano							
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building						
City	State	Zip Code	Transaction ID: 260826-42				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		116.16				
Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident Strategic Communica	tian				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1858.56					
Full Name (Last, First, Middle Initial) Richard Ramsay	'		Date of Receipt				
Mailing Address 601 Pennsylvania A Suite 500, South Bu	08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID: 140814-42				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		83.33				
Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, State Advocacy					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.28					
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt				
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Washington	State DC	Zip Code 20004	Transaction ID: 260826-43 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing		83.33				
Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, State Advocacy					
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 1333.28					
SUBTOTAL of Receipts This Page (optional	al)(la		282.82				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X		
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and ado	lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt		
Suite 500, South B	Suite 500, South Building				
City Washington	State DC	Zip Code 20004	Transaction ID: 140814-44 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2000+	20.83		
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28			
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South B	08 29 7 2008				
City	State	Zip Code	Transaction ID: 260826-45		
Washington DC FEC ID number of contributing federal political committee.		20004	Amount of Each Receipt this Period 20.83		
Name of Employer America's Health Insurance Plans		Director of Membership			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28			
Full Name (Last, First, Middle Initial) Bob Rehm	I		Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South B	08 15 7 2008				
City	State	Zip Code	Transaction ID: 140814-45		
Washington DC FEC ID number of contributing federal political committee.		20004	Amount of Each Receipt this Period 31.25		
Name of Employer America's Health Insurance Plans	- ' '	sident, Public Health & Clinic	<u> </u>		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional	al)		72.91		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC	()	
∠ A.	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	08 29 2008		
	City	State DC	Zip Code	Transaction ID: 260826-46
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, Public Health & Clinic e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	08 29 2008		
	City	State	Zip Code	Transaction ID: 260826-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	
_ С.	Full Name (Last, First, Middle Initial) Candace Schaller			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite	enue Northwe 500	est	08 04 YYYYY 2008
	City	State DC	Zip Code	Transaction ID: d37b19b81d47e111ebd
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 3000.00
	Name of Employer America's Health Insurance Plans	, '	ice President, Federal Progra	am
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)			3114.58
F	TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 39 (check only one) X				
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ts and Statements may not be sold or used by any personsing the name and address of any political committee to ns PAC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.				
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvar	nia Avenue N W	Date of Receipt				
o	Suite 500, South Building					
Washington	State Zip Code DC 20004	Transaction ID: 140814-47 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.67				
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional P	Pr				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72					
Full Name (Last, First, Middle Initial) Lisa Shreve	· · · · · · · · · · · · · · · · · · ·	Date of Receipt				
Mailing Address 601 Pennsylvar Suite 500, Sout	08 29 2008					
City	State Zip Code	Transaction ID: 260826-48				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.67				
Name of Employer America's Health Insurance	Occupation Senior Vice President, Professional P) Pr				
Plans Receipt For:	Aggregate Year-to-Date ▼	<u>·</u>				
Primary General Other (specify) ▼	666.72					
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt				
0 000,	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building					
City	State Zip Code DC 20004	Transaction ID: 140814-48				
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 204.35				
Name of Employer America's Health Insurance Plans	Occupation SVP, Government Affairs					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.60					
SUBTOTAL of Receipts This Page (or	tional)	287.69				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	.C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	08 29 2008		
City	State	Zip Code	Transaction ID: 260826-49
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		204.35
Name of Employer America's Health Insurance	Occupation	n vernment Affairs	
Plans Receipt For:		Year-to-Date \blacktriangledown	
Primary General Other (specify) ▼	Aggregate	3269.60	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 140814-51
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3333.28]
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			08 29 7 2008
City	State	Zip Code	Transaction ID: 260826-52
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	3333.28	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	621.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 39 (check only one) X		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	g the name and add	dress of any political committee to	n for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania A Suite 500, South Bi		Zip Code	Date of Receipt M M		
Washington FEC ID number of contributing federal political committee.	DC C	20004	Transaction ID: 140814-52 Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n cuary/Vice President, Product Year-to-Date V 666.72			
	Rod Turner Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
Washington FEC ID number of contributing federal political committee.	C	20004	Transaction ID: 260826-53 Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		nuary/Vice President, Product Year-to-Date 666.72			
	Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W.				
Suite 500, South Brown City Washington FEC ID number of contributing	State DC	Zip Code 20004	Transaction ID: 140814-53 Amount of Each Receipt this Period		
Receipt For: Primary Other (specify)		Federal Legislative Affairs Year-to-Date 720.00	45.00		
SUBTOTAL of Receipts This Page (optional	al)		128.34		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 39 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and ado	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Suite 500, South B			Date of Receipt 0 8 2 9 2 0 0 8
City Washington	State DC	Zip Code 20004	Transaction ID: 260826-54 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1	45.00
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Federal Legislative Affairs Year-to-Date 720.00	
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South B	State State	Zip Code	Transaction ID: 140814-55
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		rirector, State Publications Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building		08 29 2008
City Washington	State DC	Zip Code 20004	Transaction ID: 260826-56 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	31.25
Name of Employer America's Health Insurance Plans Receipt For:	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	n irector, State Publications Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
SUBTOTAL of Receipts This Page (options	al)		107.50

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one) X
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) Americas Health Insurance F	n using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi Duane Wright		,	Date of Receipt
	vania Avenue N.W. outh Building		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 140814-57
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Director, Legislative Affair e Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initi Duane Wright	al) vania Avenue N.W.		Date of Receipt
Suite 500, Sc	outh Building	7:- Oada	08 29 2008
City Washington	State DC	Zip Code 20004	Transaction ID: 260826-58 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.50
Name of Employer America's Health Insurance Plans		e Director, Legislative Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initi Robert Zirkelbach	al)		Date of Receipt
Suite 500, Sc			08 15 2008
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 140814-59 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	20.83
Name of Employer America's Health Insurance Plans		lanager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
SUBTOTAL of Receipts This Page	(optional)		145.83

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29/39
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	3)	
	Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
	Mailing Address 601 Pennsylvania Avenu Suite 500, South Building			08 29 7 2008
	City	State	Zip Code	Transaction ID: 260826-60
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Senior M	n anager, Media Relations	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	<u> </u>	20.83
TOTAL This Period (last page this line number only)	→	9725.66

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 30 / 39										
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)										
		Detailed Summary Fage	13 14 15 16 17										
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and												
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)												
\rangle	Americas Health Insurance Plans PAC (AHIP P	AC)											
	Full Name (Last, First, Middle Initial) Blue Shield of California Political Action Committee		Date of Receipt										
	Mailing Address 50 Beale Street 18-105		08 22 7 2008										
	City State	Zip Code	Transaction ID: 1e625c7489a9913d7fd										
	San Francisco CA	94105	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C00340364	2500.00										
	Name of Employer Occupa	ation											
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 2500.00											

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31/39
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				13 14 X 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	e, NW		08 / 04 / 2008
	City	State	Zip Code	Transaction ID: e2dfc4254cdc498dec4
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		33.22
	·			Reimbursement of Merchant
	Name of Employer	Occupatio	n	Reimbursement of Merchant and AMEX Service Fees
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	00 0		
	Other (specify)		931.82	
В.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	e, NW		0 8 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 5d3b0ab954e6e1f684c
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		12.00
	Name of Employer	Occupatio	n	Reimbursement of Wire Tra- nsfer Fee
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	gg. ogaic	1 1 1 1 1 1 1	ı İ
	Other (specify) ▼		931.82	

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SUBTOTAL of Receipts This Page (optional)	•	L.			0 0	45.22	╛
TOTAL This Period (last page this line number only)	<u> </u>		 			45.22	

В.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (about on						₹:			PAG	ЭE	32 / 3	39		
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AF	IIP PAC)														
Washington Purpose of Disbursement Wire Transfer Fee Candidate Name	State DC ment For: Primary Other (spe	Zip Code 20005	Ca	001 ttego Гуре	•		Date o	f Di	sburs	: 941 ement) 4	Y	ž	ο ὁ ε	Y Perio	
State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW	Other (spe	City) •					Transa Date o	f Di	sburs	: 21k ement	1ek		3a3db	_	55e9
•	State	Zip Code					Amour	nt of	Each	n Disbu	rsen	nent	this F	Perio	d
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Bank of America Mailing Address 730 15th Street, NW Second Floor							Date o	f Di	sburs		Υ		ο ὁ ε	_	
City Washington Purpose of Disbursement Wire Transfer Fee Candidate Name	ment For: Primary Other (spe	Zip Code 20005	Ca	001 itego Γype	ry/		Amour	nt of	f Each	n Disbu	rsen	-	this F	-	d
SUBTOTAL of Disbursements This Page (optional) .			·····		<u> </u>							. ;	36.00)	

	CHEDULE B (FEC Form 3X)		arate schedule(s)	-	NUMBER:	PAGE 33/39
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 23 28a 28l	24 25 2 b 28c 29 3
	y Information copied from such Reports and Stat for commercial purposes, other than using the na					
\sum_{i}	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (oc or any pomioa			10.11 000.11 00.11111111111111111111111
/	Full Name (Last, First, Middle Initial) Citibank				Transaction Date of Disbu	ID: e91158fe4dad16e1f
	Mailing Address 1101 Pennsylvania Av	e, NW			08 /	05 / 2008
	City Washington	State DC	Zip Code 20004		Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name			001 Category/		184.12
	Office Sought: Senate President State: Disbu	rsement For: Primary Other (spe	General ecify) ▼	Туре		
	Full Name (Last, First, Middle Initial) Citibank				Date of Disbu	
	Mailing Address 1101 Pennsylvania Av	e, NW			08	05 / 2008
	City Washington	State DC	Zip Code 20004		Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement Merchant Service Fees Candidate Name			001 Category/		1.15
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (spe	General ecify) ▼	Туре		
	Full Name (Last, First, Middle Initial) Citibank				Date of Disbu	
	Mailing Address 1101 Pennsylvania Av 11th Floor	e, NW			08 /	D 1 D Y 2 0 0 8 Y
	City Washington	State DC	Zip Code 20004		Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement Merchant Service Fees Candidate Name			001 Category/	L	31.66
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (spe	General ecify) ▼	Туре		
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District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	R LINE	NUMBE	R:			PAG	GE	34 / 3	9		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 2	21b 27	22 28a		23 28b	\exists	24 28c	П	25 29		26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	,	, ,			•			_				
NAME OF COMMITTEE (In Full)												
/ Americas Health Insurance Plans PAC (AH	IP PAC)											
Full Name (Last, First, Middle Initial) Citibank				Date	saction of Dist	burse	mer			3c253		075
Mailing Address 1101 Pennsylvania Ave, N	NW			0 8		^D 2	8		, 2	0 0 8		
,	State Zip Code DC 20004			Amou	ınt of E	Each	Dist	bursen	nen	t this P		d
Purpose of Disbursement AMEX Service Fees	Γ	001		L.			_			4.50	_	
Candidate Name	C	Categor Type	ry/									
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)											

SUBTOTAL of Disbursements This Page (optional)	•	4.50
TOTAL This Period (last page this line number only)		257.43

SCHEDULE B (FEC FOIII 3X)		Use separate schedule(s)			eck only				AGE 35/39	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22) 28a	28b	24 28c	25 29	20 30
	/ Information copied from such Reports and Stat or commercial purposes, other than using the na									
L-	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (
<u> </u>	Full Name (Last, First, Middle Initial) Becerra for Congress					Date of I	tion ID: 1 Disburseme		2143580	91
	Mailing Address PO Box 261060					0 8	0 4	y y	0 0 8	
	City Los Angeles	State Zip Code CA 90026				Amount	of Each Dis			od
	Purpose of Disbursement 2008 General Contribution			011				10	00.00	_
	Candidate Name Xavier Becerra			atego Type	•					
	Senate President	rsement For: 2008 Primary X Genera Other (specify) ▼								
	State: CA District: 31 Full Name (Last, First, Middle Initial)					Transac	tion ID: 3	4782-12	3577296	 37:
	Becerra for Congress						Disburseme	nt	0 Ý 8 Ý	
	Mailing Address PO Box 261060						22	2	008	
	City Los Angeles	State Zip Code CA 90026				Amount	of Each Dis			00
	Purpose of Disbursement 2008 General Contribution		011				25	00.00	_	
	Candidate Name Xavier Becerra		С	atego Type	-					
	Office Sought: X House Senate President State: CA District: 31	rsement For: 2008 Primary X General Other (specify)								
	Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity Pac (Chc Bold Pac)						tion ID: 3	nt		3
	Mailing Address 1831 Bay Street SE						^D 2 2 2	/ Y Ž	0 0 8	
	City Washington	State Zip Code DC 20003				Amount	of Each Dis	bursemen	t this Perio	00
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SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports a for commercial purposes, other than using NAME OF COMMITTEE (In Full)													S
\backslash	Americas Health Insurance Plans	PAC (AH	IP PAC)											
	Full Name (Last, First, Middle Initial) Donna Christensen Campaign							Date	of Di	sburse	ement			081890
	Mailing Address PO Box 5197							0 ^M 8	М		4	Υ	ž 0 ŏ	3 Y
	City St. Croix		State VI	Zip Code 00823				Amou	int of	Each	Disbu	-	ent this	
	Purpose of Disbursement 2008 Primary Contribution					01 ⁻	1		_			1	0.000.0	0
	Candidate Name Donna Marie Christian-Christense					ateg Typ								
	Office Sought: X House Senate President		nent For: Primary Other (spe	2008 General										
	State: VI District: 01 Full Name (Last, First, Middle Initial) Freedom and Security Pac												07702	052593
	Mailing Address 1117 Atwood Ct							0 8	M /	sburse 2	2 D		ž 0 ŏ	3 ^Y
	City Shakopee		State MN	Zip Code 55379				Amou	ınt of	Each	Disbu		ent this	
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_	Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	X Contribu	Primary Other (spe	General		<u> </u>		Date 0 ^M 8	of Di	sburse 0	ement	Y		B Y
	Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Friends of Jim Clyburn Mailing Address PO Box 12567 City	X Contribu	Primary Other (spe	General cify) ▼ Zip Code		01:		Date 0 ^M 8	of Di	sburse 0	ement	urseme	ž 0 Ŏ	8 Y
_	Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Jim Clyburn Mailing Address PO Box 12567 City Columbia Purpose of Disbursement	X Contribu	Primary Other (spe	General cify) ▼ Zip Code	Ca		I ory/	Date 0 ^M 8	of Di	sburse 0	ement	urseme	Ž 0 0 a	8 ^Y
	Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Jim Clyburn Mailing Address PO Box 12567 City Columbia Purpose of Disbursement 2008 General Contribution Candidate Name	Contribu	Primary Other (spe ition State SC	General cify) ▼ Zip Code 29211 2008 X General	Ca	01	I ory/	Date 0 ^M 8	of Di	sburse 0	ement	urseme	Ž 0 0 a	Period

SCHEDULE B (FEC Form	Use separai	te schedule(s)	FOR LINE			
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Any Information copied from such Reports or for commercial purposes, other than using			by any person for	or the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	ig the hame and address	or arry political	Committee to son	icit contributions from such committee		
Americas Health Insurance Plans	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) Fund for American Opportunity				Transaction ID: 34782-71445864439 Date of Disbursement		
Mailing Address PO Box 65796				0 8 2 2 2 2 2 3 0 0 8		
City	State Z	Zip Code		Amount of Each Disbursement this Period		
Washington		20035				
Purpose of Disbursement 2008 Contribution			011	5000.00		
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Senate President	Primary X Other (specification)	General v) ▼				
State: District:	Contribution	, V				
Full Name (Last, First, Middle Initial) Help Elect America's Team (Heat	Pac)		Transaction ID: 13788-48653811216 Date of Disbursement M			
Mailing Address 499 S. Capitol S Suite 412						
City Washington		Zip Code 20003		Amount of Each Disbursement this Period		
Purpose of Disbursement 2008 Contribution			011	1000.00		
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Full Name (Last, First, Middle Initial) Moderate Democrats Pac				Transaction ID: 34782-16006106138		
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City Washington		Zip Code 20002		Amount of Each Disbursement this Period		
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				d by any person f	or the purpose of soliciting contributions licit contributions from such committee
	OF COMMITTEE (In Full)	maine and addre	ss of any politica	i committee to so	net contributions from such committee
1 \	cas Health Insurance Plans PA	C (AHIP PAC)			
	ne (Last, First, Middle Initial) nden for State Senate				Transaction ID: 35323-92824953794 Date of Disbursement
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	ne (Last, First, Middle Initial) s Scott for State Senate				Transaction ID: 35323-24718874692 Date of Disbursement
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	his Period (last page this line number	r only)			900.00

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Form/Schedule: **F3XN**Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.